

Rev. 02/02/06

Fee Paid

\$60.00

# FEE TRANSMITTAL For FY 2006

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$340.00

| 1 | Complete if Known     |                       |  |
|---|-----------------------|-----------------------|--|
| 1 | Application Number:   | 10/629,489            |  |
| - | Filing Date:          | 7/28/2003             |  |
| - | First Named Inventor: | Christopher J. Bulian |  |
|   | Examiner Name:        | Paul A. Wartalowicz   |  |
|   | Group/Art Unit:       | 1754                  |  |
|   | Attorney Docket No.:  | S-100,500             |  |

FEE CALCULATION (continued)

| METHOD OF PAYMENT | (check all that apply) |
|-------------------|------------------------|
|-------------------|------------------------|

1. The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory

 □ Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17

#### **FEE CALCULATION**

### 1. COMBINED FILING FEE

Large Entity Small Entity Fee **Fee Description** Fee Paid Fee 1001 \$300 2001 \$150 Basic Filing fee \$0.00 Reissue Filing fee 1004 \$300 2004 \$150 \$ \$0.00 1111 \$500 2111 \$250 Search Fee 1311 \$200 2311 \$100 Examination Fee \$0.00 1005 \$200 2005 \$100 Provisional Filing Fee 1085 \$250 2085 \$125 Provisional Size Fee (for each additional 50 sheets that exceeds 100 sheets)

**SUBTOTAL (1) \$0.00** 

#### **EXTRA CLAIM FEES/APPLICATION SIZE FEE**

Fee from Fee Paid Extra Claims Below **Total Claims** 0 0.00 Independent 1 Х \$100.00 \$100.00 Claims Multiple Dependent X 180 \$ 0.00

\*\* or number previously paid, if greater; For Reissues, see below

| Large<br>Entity | Small<br>Entity |  |
|-----------------|-----------------|--|
| Fee             | Fee             | Fee Description  |
| 1202 \$50       | 0 2202 \$25     | Claims in excess of 20   |
| 1201 \$20       | 00 2201 \$100   | Independent claims in excess of                                |
| 1203 \$30       | 60 2203 \$180   | Multiple dependent claim, if not paid.                         |
| 1204 \$20       | 00 2204 \$100   | Reissue independent claims in excess of 3 over original patent |
| 1205 \$50       | 0 2205 \$25     | Reissue claims in excess of 20 over original patent            |

**Total Claims Fee \$ APPLICATION SIZE FEE** 

1081 \$250 2081 \$125.00 For each additional 50 sheets

that exceed 100 sheets. including specification and drawings

SUBTOTAL (2) \$ 100.00 (Include total of Claims Fees and Size Fee here)

## 3. ADDITIONAL FEES

| 0. ADD11  |           |
|-----------|-----------|
| Large     | Small     |
| Entity    | Entity    |
| Fee Fee   | Fee Fee   |
| Code (\$) | Code (\$) |

1251 \$120 2251 \$60

**Fee Description** 

1051 \$130 2051 \$65 Surcharge - late filing fee or oath

1052 \$50 2052 \$25 Surcharge - late provisional filing fee or cover sheet

1812 **\$2520**1812 **\$2520** For filing a request for reexamination

Extension for reply within first month 1252 \$450 2252 \$225 Extension for reply within second month

1253 \$1020 2253 \$510 Extension for reply within third month

1254 \$1590 2254 \$795 Extension for reply within fourth month

1255 \$2160 2255 \$1080 Extension for reply within fifth month

1401 \$500 2401 \$250 Notice of Appeal

1402 \$500 2402 \$250 Filing a brief in support of an appeal

1403 \$1000 2403 \$500 Request for oral hearing

1452 \$500 2452 \$250 Petition to revive - unavoidable

1814 **\$110** 2814 **\$55** Terminal Disclaimer

1453 **\$1500** 2453 **\$750** Petition to revive - unintentional

1460 \$130 1460 \$130 Petitions to the Director

1806 \$180 1806 \$180 Submission of Information DiscI Statement \$180.00

1809 \$790 2809 \$395 Filing a submission after final rejection (37 CFR 1.129 (a))

1810 **\$790** 2810 **\$395** 

For each additional invention to be

examined (37 CFR 1.129(b))

1811 \$100 1811 \$100 Certificate of Correction

1504 \$300 1504 \$300 Publication fee for early, voluntary, or normal publication/Republication fee

1801 \$790 2801 \$395 Request for Continued Examination (RCE)

Other fee (specify)

SUBTOTAL (3)

\$60.00

Reduced by Basic Filing Fee Paid

**SUBTOTAL FROM 1** 0.00 **SUBTOTAL FROM 2** \$100.00 **SUBTOTAL FROM 3** \$240.00

**TOTAL AMOUNT OF PAYMENT** 

(Enter total amount at top of page)

\$ 340.00

|               | SUBMITTED BY        | Complete (if applicable) |           |                |
|---------------|---------------------|--------------------------|-----------|----------------|
| Printed Name: | Samuel L. Borkowsky |                          | Reg. No.  | 42,346         |
| Signature:    | Samuel J. Bolowsky  | Date: August 7, 2006     | Telephone | (505) 665-3111 |

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